

## PART B - FEE(S) TRANSMITTAL

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21069 7590 10/20/2003

AMGEN INCORPORATED  
 MAIL STOP 27-4-A  
 ONE AMGEN CENTER DRIVE  
 THOUSAND OAKS, CA 91320-1799



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Christina A. Gutierrez (Depositor's name)  
 Christina A. Gutierrez (Signature)  
 January 14, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/182,183	05/23/1994	LEU-FEN H. LIN	SYNE225/C4-U	8424

TITLE OF INVENTION: GLIAL CELL LINE DERIVED NEUROTROPHIC FACTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	01/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAYES, ROBERT CLINTON	1647	435-069400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert L. Sharp  
 2 Ron K. Levy  
 3 Stuart Watt

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Amgen Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thousand Oaks, CA 91320

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee  
☐ Publication Fee

☒ Advance Order - # of Copies 15

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0519 (enclose an extra copy of this form).

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01/26/2004 HMEKONE1 00000168 010519 08182183

01 FC:1501 1330.00 DA  
 02 FC:8001 45.00 DA

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